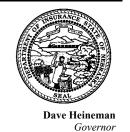
STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

L. Tim Wagner

Director



CONSUMER AFFAIRS DIVISIONCOMPLAINT QUESTIONNAIRE

Complaint Made By:	□ Mr. □ Mrs. □ Ms.				
Complaint Wade By.	(Print Last Name)	(First Name)		(Middle)	
Home Address:					
		(City) (Sta		tate)	(Zip Code)
Home Phone Number:	()	Work Phone Number:		_()	
PLEASE CIRCLE	INSURED'S AGE GROUP:	<25	25-49	50-64	65+
Complaint is Directed Ag	ainst:(Will gene				
	(Will gene	erally be an Insuranc	ce Company or	Producer)	
Policy Type: ☐ Life	☐ Health ☐ Auto ☐ Property	□ Other			
Policyholder:	Agent or Adjuster: (Circle One)				
Policy or Claim #:	Da	ate of Loss:			
Summary of Complaint	: (Please itemize and specifically	discuss each p	roblem.)		
	(An additional page should be	e used if necessary.)			
	ovides that neither the staff nor State or ment because such efforts are discreti		be held liable	e for conseque	ences that flow
If a health or injur	y claim is involved, the f	following m	ust be co	mpleted	<u>.</u>
For investigative purposes, the	ng to			is authorized.	
I acknowledge that such informa	tion may be shared with other governmen	tal agencies in order	(Name) r to pursue an i	nvestigation of	this matter.
Date:	Signatur	re			